



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 18 2014

Mr. Raymond L. Wolfe, Executive Director
Mercy Life Center Corporation
1200 Reedsdale Street
Pittsburgh, Pennsylvania 15233

RE: Garden View Manor
441 Swissvale Avenue
Pittsburgh, Pennsylvania 15221
License #: 440690

Dear Mr. Wolfe:

As a result of the Department of Public Welfare's licensing inspection on August 14, 2014 and August 15, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period October 29, 2014 to October 29, 2015 was issued on July 15, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director
/SH

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: GARDEN VIEW MANOR		License Number: 44069
Address: 441 SWISSVALE AVENUE, PITTSBURGH, PA 15221		County: Allegheny
Administrator: Michelle MacVeigh/Carla McCoy		Region: WEST
Legal Entity Name: MERCY LIFE CENTER CORPORATION		
Legal Entity Address: 1200 REEDSDALE STREET, PITTSBURGH, PA 15233		RECEIVED
Certificate(s) of Occupancy 1-2 09/09/2009 Borough of Wilkinsburg		SEP 08 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 52	Waking Staff: 39
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/14/2014: Marini, Michael; Williams, Jason 08/15/2014: Marini, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 56 Number of Residents Served: 52 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1		Number of Residents who: Receive Supplemental Security Income: 52 Are 60 Years of Age or Older: 19 Have Mental Illness: 52 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1

Violation Report: 44069 - 08/14/2014 - Marini, Michael
PCH Name: GARDEN VIEW MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 8-14-14, the home's violation report dated 7-18-13 and a copy of the personal care home regulations (Title 55 Chapter 2600) were posted in a locked glass case in the front entry hall. The locked glass case was not accessible to the residents or to the public.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Violation reports and copies of the Personal Care Home regulations will remain in the glass case, located in the lobby of the ground floor, however, the lock on the glass case has been disabled effective 9/4/14. The cabinet will be left open so that residents and interested parties can access this information at will. The following documents are located in the accessible glass cabinet: Current License, Inspection Summary and Violation Report, 2600 Regulations, and the facilities Emergency Protocol. Additionally, as of 9/4/14 there have been labels added to the case which clearly identify these documents for residents and the public. Extra copies of these documents are located in the staff office, and are available to replace any items if they are found to be missing.

***Please see attached photograph showing the changes to the glass case and the labeling system for the required posted documents.

Within 15 days of receipt of the approved plan of correction, the administrator or designated staff person will check the home weekly to ensure all required documentation including a copy of the most recent violation report and a copy of this chapter (2600) are posted in an unlocked conspicuous and public place in the personal care home. JSP 9-9-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carla McCoy, BS, PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Carla McCoy, BS, PCHA

Date

9-6-14

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The above plan of correction is approved as of

9-9-14
(Date)

Plan of correction implementation status as of

9-9-14
(Date)

- Fully Implemented JSP
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

JSP
(Initials)

Violation Report: 44089 - 08/14/2014 - Marini, Michael
PCH Name: GARDEN VIEW MANOR

WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

W. Marini
9-9-14

2a. DESCRIPTION OF VIOLATION

Direct care staff person A was hired on 6-1-12 and provides unsupervised ADL services. Staff person A failed to complete the online, direct care training course competency test.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

(challenging this violation)

On 9-5-14 at 11:31am, Administrator faxed proof of training to Auditor Michael Marini to review with his supervisor.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carla McCoy, PA PCCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Date 9-6-14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by _____
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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SEP 6 2014

Violation Report: 44069 - 08/14/2014 - Marini, Michael
PCH Name: GARDEN VIEW MANOR

WEST REGION - PHILADELPHIA
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
On 8-15-14, at 4:20 PM, the water temperature at the bathroom sink in bedroom G9 measured 128.5 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The landlord was informed of the water situation. They in turn contacted Cillo Plumbing and asked that they send a plumber to adjust the temperature setting on the boiler. A plumber arrived at Garden View on 8/27/14 and decreased the water temperature for the boiler. The maintenance supervisor and/or PCHA will test water temperatures weekly in at least one bathroom and one bedroom per floor. This information will be documented and tracked on a weekly temperature log. If an instance of water temperature in excess of 120 degrees is noted, the property manager and plumber will be contacted to have further adjustments completed to the boiler system.

*** Please see attached water temperature log sample sheet

*Within 30 days of receipt of the approved plan of correction
all staff persons will be educated on safe water temperatures
and the risk to residents. Documentation shall be kept
JHP 9-9-14*

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Carla McCoy BS PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carla McCoy, BS PCHA* Date *9-6-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9-9-14</u> (Date)	Plan of correction implementation status as of <u>9-9-14</u> (Date)
The above plan of correction was approved by <u>JHP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JHP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

SEP 6 2014

Violation Report: 44069 - 08/14/2014 - Marini, Michael
PCH Name: GARDEN VIEW MANOR

WEST BROWN FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

The windows in Fire Tower C and D were opened and did not have screens in them.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The property manager was contacted and it was confirmed on 9/4/14 that new screens could be ordered for the Fire Tower Windows in Towers C and D. It was confirmed that custom screens would be measured for windows by 9/22/14. Until the new screens are secured from the property manager, the windows are being kept closed, and have been closed since 8/15/14 after verbal notice of the violation was given. Staff are to check that the windows are closed while rounding the building, and to ensure that the checks are completed this task has been added to our Resident Hourly Check List.

*** Please see attached Hourly Check List form

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Carla McCoy BS PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carla McCoy BSPCHA* Date *9-6-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-9-14 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 9-9-14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *CSB*
- Partially Implemented - Inadequate Progress
- Not Implemented

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SEP 6 9 2014

Violation Report: 44069 - 08/14/2014 - Marini, Michael
PCH Name: GARDEN VIEW MANOR

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION

On 8-14-14, at 11:07 AM, the following food was left uncovered on trays in the walk-in cooler:
3 trays of tilapia
1 1/2 trays of Cheerio peanut butter desert bars
1 tray lemon desert bars

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Pittsburgh Community Kitchen (PCK) Operations Manager assured us that all product that has been properly cooled will be covered by either a cart bag, foil, lids, saran or any other food service approved covering. All food that is part of the cool down process will follow PCK and Allegheny County Health Department food safety guidelines. This process involves keeping freshly prepared food in the cooler and uncovered until it cools to 40 degrees or below. The kitchen operations officer stated that if the freshly cooked food is covered while it's cooling then it has the potential of not cooling within the required time frame (2 hours to reach 70 degrees and 4 hours to reach 40 degrees and under). Kitchen staff will be sure that there is not any product above the uncovered food which could lead to contamination. They will also be mindful of covering the food as soon as it's cooled to the proper temperature. Below is the policy for cooling potentially hazardous food from the Allegheny County Department of Health. Beginning the week of September 8, 2014, Garden View supervisors will check the kitchen weekly to perform safety and sanitation inspections. The supervisors will inform the kitchen manager immediately of any food safety concerns.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Carla McCoy BSPCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carla McCoy BSPCHA* Date *9-6-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-9-14
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 9-9-14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JSP*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44069 - 08/14/2014 - Marini, Michael
PCH Name: GARDEN VIEW MANOR

SEP 19 2014

1. REGULATION 55 Pa. Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

WEST PITTSBURGH FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 8-14-14, the following food was in the dry food storage room and was opened and unsealed:
A bag of powdered cocoa
A bag of whole wheat linguini
A bag of ziti pasta
a bag of brown rice

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Starting the week of September 8, 2014, Garden View PCHA will collaborate with the Pittsburgh Community Kitchen, supervisor to complete weekly safety and sanitation inspections. Additionally, random checks will be completed to ensure that all items are stored appropriately, at all times. Established storage protocols will be followed per Allegheny County Health Department. As of 9/2/14, clear containers have been provided to store smaller open bags of product such as the cocoa and pasta. Larger floor bins have been ordered and will be on site no later than 9/21/14. Products that are in bags, such as the flour, and sugar, will be stored in these labeled and dated containers when the integrity of the original packaging is no longer intact. Any violations for the food storage protocol will be brought to the kitchen manager's attention and additional training, education, and disciplinary action will be taken in accordance with Pittsburgh Community Kitchen policy and procedure.

*** See attached photo of storage container

Within 30 days of receipt of the approved plan of correction, all staff persons involved in food preparation, storage and serving will be educated regarding the safe storage of foods, including food stored in closed or sealed containers. Documentation of training shall be kept. JHP 9-9-14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Carla McCoy, Bd PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carla McCoy, BSPCHA* Date *9-4-14*

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The above plan of correction is approved as of 9-9-14 (Date)

Plan of correction implementation status as of 9-9-14 (Date)

The above plan of correction was approved by JHP (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *JHP*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44069 - 08/14/2014 - Marini, Michael
PCH Name: GARDEN VIEW MANOR

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's and the local municipality's emergency procedures were posted in a locked glass cabinet in the front entry hall. The locked glass case was not accessible to the residents or to the public.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Copies of the homes's and local municipality's emergency procedures will remain in the glass case, located in the lobby of the ground floor, however, the lock on the glass case has been disabled effective 9/4/14. The cabinet will be left open so that residents and interested parties can access this information at will. The following documents are located in the accessible glass cabinet: Current License, Inspection Summary and Violation Report, 2600 Regulations, and the facilities Emergency Protocol. Additionally, as of 9/4/14 there have been labels added to the case which clearly identify these documents for residents and the public. Extra copies of these documents are located in the staff office, and are available to replace any items if they are found to be missing.

***Please see attached photographs of Violation 2 as they are all in same glass case.

Within 15 days of receipt of the approved plan of correction the administrator or designated staff person will check the home weekly to ensure the home's and the local municipality's emergency procedures are posted in an unlocked conspicuous and public place in the personal care home. JJP 9-9-14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Carla McCoy BS RCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carla McCoy, BS RCHA* Date *9-6-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-9-14 (Date)

Plan of correction implementation status as of 9-9-14 (Date)

The above plan of correction was approved by JJP (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *JJP*
- Partially Implemented - Inadequate Progress
- Not Implemented

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SEP 6 9 2014

Violation Report: 44069 - 08/14/2014 - Marini, Michael
PCH Name: GARDEN VIEW MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

The home failed to evacuate all residents from the home during fire drills on the following dates and times:

Date	Time	# Residents in the Home	# Residents Evacuated
8-6-13	12:00 AM	55	53
9-19-13	8:00 PM	40	38
12-5-13	2:30 PM	52	51
3-27-14	2:00 AM	39	37
4-9-14	7:00 PM	48	47
5-13-14	7:30 AM	52	50
6-20-14	3:30 PM	35	34
7-18-14	10:45 PM	49	46

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Fire safety is reviewed with the residents on an annual basis at our community meetings, and the importance of evacuating during all drills is emphasized. When residents fail to evacuate the building during fire drills a series of steps will be taken. On the first offense, a meeting will be held with the resident within 7 days of the failure to evacuate, and the importance of compliance will be reviewed with them. Additionally, their outpatient treatment providers will be contacted and notified of the situation, and the resident will receive a warning letter which outlines possible consequences of additional violations. A copy of this letter will also be placed in the resident's chart. On the second failure to evacuate, a formal meeting will be held with the resident, their outpatient treatment providers, family or other supports. The individual will be issued a Pre-Eviction Letter at this time, and the expectations for evacuation and compliance will be reviewed again. On the third violation, residents will receive a formal eviction letter, and a meeting will be held with outpatient treatment providers and natural supports. At this time, the resident may appeal the eviction through the Appeals process or Garden View Manor staff and other supports will work with the individual to secure alternate housing.

*** Please see attached sample letters from the 3 levels of intervention, which include eviction from the program.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/16/2013
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Signature of Legal Entity Representative
(Required on EVERY Page) *Carla McCoy, BS, RCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carla McCoy, BS, RCHA* Date *9-6-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-9-14
(Date)

Plan of correction implementation status as of 9-9-14
(Date)

The above plan of correction was approved by [Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

Violation Report: 44069 - 08/14/2014 - Marini, Michael
 PCH Name: GARDEN VIEW MANOR

1. REGULATION 56 Pa. Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #1's Documentation of Medical Evaluation (DME) dated 8-7-14 did not document the resident's ability to self-administer medication.
 Resident #2's DME dated 8-4-14 did not document the resident's health status or cognitive functioning.
 Resident #3's last medical evaluation was on 2-1-13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident # 1's DME was corrected by Site RN upon a phone call to doctor's office [REDACTED]. Resident #2's health status and cognitive functioning was corrected by Site RN on 8-14-14 upon phone call to doctor's office. Resident #3 had his last med eval on 3-14-14. (MA51 located in chart too). The signature page of DME shows this date. It was discovered that the doctor placed the incorrect date evaluated and date form completed on most recent evaluation. She inadvertently used last years date on the form. On 9-4-14, Stie RN spoke with doctors office and form was corrected. The doctor was on medical leave, but the covering doctor gave permission to correct form. Note resident was hospitalized from 2-3-14 to 2-13-14 and his evaluation was completed at first available appt.

Moving forward, site RNs will review evals once we receive from drs. Then the PCHA will review the form to catch any issues or problems. In July 2014, Site RNs developed a new tracking system to ensure all DME's are scheduled and completed in timely manner. If residents are inpatient the hospital doctor will be asked to complete form.

**Please see attached documents of forms listed above with corrections.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Carla McCoy BSPCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Carla McCoy, BSPCHA* Date *9-6-14*

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The above plan of correction is approved as of <u>9-9-14</u> (Date)	Plan of correction implementation status as of <u>9-9-14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

SEP 9 2014

Violation Report: 44069 - 08/14/2014 - Marini, Michael
PCH Name: GARDEN VIEW MANOR

REGULATION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

On 8-14-14, at 10:30 AM, there were no ashtrays in the smoking shed behind the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 8/15/14 a total of 5 Ashtrays were placed in the smoking shelter behind the building to replace the ones which were missing. As of 9/4/14 the task list for hourly rounds around the building was updated to reflect staff checking in the shelter that the ash trays have not been removed from the designated smoking area. Additional ashtrays are in stock in the building and can be provided when ashtrays are found to be broken or missing.

*** See Attached Ground Floor People Checks form and photograph of ashtrays in the shelter.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Carla McCoy, BS, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carla McCoy, BS PCHA* Date: *9-6-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-9-14
(Date)

Plan of correction implementation status as of 9-9-14
(Date)

The above plan of correction was approved by *ASP*
(Initials)

- Fully Implemented *ASP*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

SEP 6 2014

Violation Report: 44069 - 08/14/2014 - Marini, Michael
PCH Name: GARDEN VIEW MANOR

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
The home's menu was posted for the week of 8-10-14 to 8-16-14 only.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 8/14/14 the menus for both the week of 8/10/14 and 8/17/14 were posted, however the menu for 8/17/14 was inappropriately located in the same protective sleeve as the 8/10/14 menu, and was not visible. The violation was corrected on 9/2/14, when a new sleeve was hung to accommodate visible menus to ensure that all residents and members of the public are aware of the meals provided. A second copy of the menu will be placed in the Communication Log so that menus may be easily replaced if they are lost or removed. Checking on the weekly menu has been added to the Daily Meal Log, and the presence of the accurate menu will be confirmed by the Counseling Staff who are designated to monitor the daily afternoon snack.

*** See attached photo of new menu placement and amended meal check list.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Carla McCoy BS PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carla McCoy, BS, PCHA* Date *9-6-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-9-14
(Date)

The above plan of correction was approved by *JSP*
(Initials)

Plan of correction implementation status as of 9-9-14
(Date)

- Fully Implemented *JSP*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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SEP 6 5 2014

Violation Report: 44069 - 08/14/2014 - Marini, Michael
PGH Name: GARDEN VIEW MANOR

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 8-15-14, resident #1's Humalog Kwik Pen was opened and undated.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The proper storage and labeling requirements for medications including Insulin Pens will be reviewed by the Garden View Nurses for all Counseling staff at the staff meeting on 9/24/14 in accordance with existing safe medication handling procedures. On 9/4/14 Garden View Manor administrators requested and received "Opened On" labels which have spaces for the date a medication was opened, and the staff members initials. Starting September 10, 2014, Nursing staff will complete weekly cart audits and random cart audits to ensure that all medications are labeled and stored correctly. Pharmacy staff are scheduled for quarterly cart audits on 10/8/14 and 10/22/14. If additional instances of undated open medications are discovered additional training will be offered, and if needed progressive disciplinary action will be taken. Resident #1 Humalog Kwikpen was destroyed 8/15/14 after verbal notification, and a new pen was opened for [redacted]. The new pen is labeled with the date opened and initialed.

*** See attached photo of most recent insulin pen and label

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carla McCoy, BSPCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Carla McCoy, BSPCHA

Date 9-6-14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-9-14
(Date)

Plan of correction implementation status as of 9-9-14
(Date)

The above plan of correction was approved by [Signature]
(Initials)

- Fully Implemented [Signature]
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

SEP 6 2014

Violation Report: 44069 - 08/14/2014 - Marini, Michael
PCH Name: GARDEN VIEW MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

On 8-15-14, a Novolog Kwik Pen was in the medication cart and belonged to resident #3. This Novolog Kwik Pen was opened on 7-13-14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The proper storage and labeling requirements for medications including insulin Pens will be reviewed by the Garden View Nurses for all Counseling staff at the staff meeting on 9/24/14 in accordance with existing safe medication handling procedures. This review and education session will also include the time frames for the use of medications such as insulin, and the proper disposal methods when they are expired. New labels for "date opened" were received and placed on all back up insulin. The expired insulin pen for Resident #3 was disposed of on 8/15/14. Starting 9/10/14, Site RNs will do weekly cart audits. In addition, pharmacy staff are scheduled for quarterly cart audits on 10/8/14 & 10/22/14. Lastly, Site RNs and site administrators are developing a form to chart/document insulin pens which will track date opened and alert staff to date it expires. This form will be developed by 10/1/14 and reviewed with all staff.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Carla McCoy, BS, RCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carla McCoy, BS RCHA* Date *9-6-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-9-14 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 9-9-14 (Date)

- Fully Implemented *JSP*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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SEP 6 9 2014

Violation Report: 44069 - 08/14/2014 - Marini, Michael
PCH Name: GARDEN VIEW MANOR

WEST PHOENIX FIELD OFFICE
HUMAN SERVICES LICENSING

1. REGULATION 55 Pa.Code §2600

2600.154(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 8-15-14, 2 doses of Duoneb 2.5-0.5mg/3ml that belonged to resident #3 did not have a pharmacy label.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The proper storage and labeling requirements for all medications including nebulizers, will be reviewed with counseling staff by Site RNs at the 9/24/14 staff meeting. On 8-15-14, site nurse fixed this issue in front of auditor. Treatments have been placed in a plastic bag in its original container with the label. Site Nurses will look for these types of issues during weekly cart audits starting 9/10/14. Administrators will work with pharmacy staff to explore options for situations such as this to make sure we remain in compliance with regulations. Administrators are setting up a meeting with pharmacy. We will meet with pharmacy management by 10/30/14. Pharmacy staff are scheduled for quarterly cart audits on 10/8/14 and 10/22/14.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carla McCoy, BS, PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Carla McCoy, BS, PCHA

Date

9-6-14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

9-9-14
(Date)

Plan of correction implementation status as of

9-9-14
(Date)

- Fully Implemented *QSP*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

QSP
(Initials)

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SEP 09 2014

Violation Report: 44069 - 08/14/2014 - Marini, Michael
PCH Name: GARDEN VIEW MANOR

WEST VIRGINIA DEPARTMENT OF
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the home on 8-11-14. The preadmission screening for resident #4 was completed on 6-16-14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

We are challenging this violation.
Paperwork was provided on 8-15-14. In addition, it was faxed to Michael Marini on 9-5-14 to review with his supervisor.

Withdraw 9-9-14 JMD

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Carla McCann, BS, PCHM*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carla McCann, BS, PCHM* Date *9-6-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)

Plan of correction implementation status as of _____ (Date)

The above plan of correction was approved by _____ (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
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RECEIVED

Violation Report: 44069 - 08/14/2014 - Marini, Michael
PCH Name: GARDEN VIEW MANOR

SEP 9 2014

1. REGULATION 55 Pa. Code §2600
2600.225(c) - The resident shall have additional assessments as follows:
(1) Annually.
(2) If the condition of the resident significantly changes prior to the annual assessment.
(3) At the request of the Department upon cause to believe that an update is required.

WEST VIRGINIA HOSPITAL
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
Resident #3's last 2 assessments were completed on 2-4-13 and 3-4-14.
According to staff person B, resident #5 has an ileostomy. Resident #5's assessment dated 2-28-14 does not address his/her ileostomy.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident # 3 was hospitalized from 2/3/14 to 2/13/14 for medical reasons. Upon discharge, first available follow up appt. was made for 3-4-14. Resident's assessment was completed after this appt. for DME. Moving forward, administrators will ensure that assessments are completed in the appropriate time frame. If the DME is not completed for some reason, the assessment will be completed and then updated upon completion of the DME. In addition, we will work with hospital staff to get DME's completed and thus ensuring assessments can be completed in proper time.

Resident #5's DME and RASP were updated by site RN to reflect ~~the~~ ileostomy and care. Moving forward, site RNs will work closely with counseling staff/administrators on completion of the medical sections of RASPs. They will review this section and help develop appropriate plans of care. Starting 10/14, they will implement this new action.

**Please see attached DME and RASP with updated information.

Within 30 days of receipt of the approved plan of correction, all staff persons completing assessments will be educated on the accuracy and completion of the form and the requirement that each resident shall have an assessment completed at least annually. Documentation of education shall be kept. JHP 9-9-14

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/16/2013

Signature of Legal Entity Representative (Required on EVERY Page) *Carla McCoy BS, PCHM*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carla McCoy BS PCHM* Date *9-9-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-9-14 (Date)

Plan of correction implementation status as of 9-9-14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JHP*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *JHP* (Initials)